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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>		10/689,295-Conf. #4284
	<b>Filing Date</b>		October 20, 2003
	<b>First Named Inventor</b>		Richard M. Barrett, Jr.
	<b>Title</b>	PROVIDING BOTH WIRELINE AND WIRELESS CONNECTIONS TO A WIRELINE, etc.	
	<b>Art Unit</b>	2111	
	<b>Examiner Name</b>	C. E. Lee	
<b>Attorney Docket No.</b>		MICP.P0097US.CP2	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐

A Power of Attorney is submitted herewith.

OR

☒

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

000029053

OR

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I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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The address associated with the above-mentioned Customer Number:

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Firm or Individual Name

Address

City

State

Zip

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I am the:

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Applicant/Inventor.

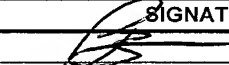
OR

☒

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/20/10
Name	Phillip D. Peterson	Telephone	(972) 673-1886
Title and Company	General Counsel Of Microtune (Texas), L.P., Microtune (Texas), L.P.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐

\*Total of 1 forms are submitted.

## POA or Authorization of Agent

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 29, 2010

Signature: Carol Martin (Carol Martin)